

**FOR SHIPMENTS
WITHIN UNITED STATES**

contact:

Animal Health Branch
1220 N Street, Room A-107
Sacramento, CA 95814
Telephone: (916) 654-1447
FAX (916) 653-2215

STATE OF CALIFORNIA

DEPARTMENT OF FOOD AND AGRICULTURE

Animal Health and Food Safety Services
Animal Health Branch

FOREIGN SHIPMENTS:

Including Canada and Mexico

If approval is required by destination
country submit original to:
U.S.D.A., A.P.H.I.S., V.S.
9580 Micron Avenue, Suite E
Sacramento, CA 95827
Telephone: (916) 857-6170
Fax (916) 857-6196

FEE REQUIRED FOR APPROVAL

CERTIFICATE FOR INTERSTATE OR INTERNATIONAL MOVEMENT OF SMALL ANIMALS

Consignor or Owner:

Last Name _____ First Name _____ Initial _____ Phone Number _____
Address _____ City _____ State _____ ZIP _____

Consignee or Purchaser:

Last Name _____ First Name _____ Initial _____ Phone Number _____
Address _____ City _____ State _____ ZIP _____ COUNTRY (If applicable) _____

Animal Description:

Species: Canine ☐ Feline ☐ Avian ☐ Other _____

Name: _____

Band, Tattoo, or Other ID _____ Breed _____ Color _____ Sex _____ Years / Months _____

License Number _____ Identifying Marking _____

Rabies Vaccine Used:
(Important)

Manufacturer _____ Lot # _____ Tag # _____ Vaccination Date _____

I hereby certify that I have examined the above animal and found same to be free from apparent clinical signs of contagious or infectious disease(s). The above-mentioned animal is not being transported from a rabies quarantine area and, to the best of my knowledge, has not bitten anyone within the past ten (10) days. I also certify that I am licensed by the State of California and accredited by the California Department of Food and Agriculture and the U.S. Department of Agriculture for the issuance of this certificate. I further certify that to the best of my knowledge, this certificate is issued in compliance with the requirements of the state or country of destination.

Accredited Veterinarian _____ State License # _____ Clinic / Hospital Address _____

Please Print Name _____ Date _____ Body Temperature _____ Body Weight _____

Optional Remarks: _____

Other Vaccinations: _____

Other Treatments: _____

Heartworm Test within Past 12 Months: Yes ☐ No ☐ Results _____

Fecal Examination within Past 12 Months: Yes ☐ No ☐ Results _____

Communicable External Parasitism / Dermatopathy: _____

Debilitating Condition: _____

Additional Comments: _____